

# PERFORMANCE TEST NOTIFICATION FORM INSTRUCTIONS

*The primary goals of the Performance Test Notification Form are to initiate communication between representatives of the permitted facility, the testing consultants, and Mecklenburg County Air Quality ("MCAQ") and to identify and resolve any specific testing concerns prior to testing. When filled out completely and accurately, the Performance Test Notification Form ("PTNF") provides MCAQ with sufficient information to determine potential problem areas related to a proposed source testing project before the actual test date.*

## ***Instructions for completing the Performance Test Notification Form:***

- 1. Please type or print clearly. Complete a separate page 2 for each sampling location.*
- 2. If this form does not supply sufficient space to completely answer all questions or if additional relevant information is necessary, please attach additional documentation and/or information to the original form.*
- 3. Submit all forms and additional information to the MCAQ agency at least 30 days prior to the test or as specified for each Maximum Achievable Control Technology ("MACT"), New Source Performance Standard ("NSPS"), or Reasonably Available Control Technology ("RACT") requirement.*
- 4. Submit two (2) copies of the completed form(s) to:*

Mecklenburg County Air Quality  
Attn: PTNF Review  
2145 Suttle Avenue  
Charlotte, NC 28208-5237  
Ph. (704) 336-5430  
Fax (704) 336-4391

**This form is available on the MCAQ website at:**

<http://www.charmeck.org/Departments/LUESA/Air+Quality/Permitting+Regulations/Forms.htm#notifications>

<p><b>Note:</b> This form may not satisfy all specific test notification requirements as listed in an air quality permit. Please refer to the permit and submit additional information in writing as an addendum to satisfy requirements.</p>
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# PERFORMANCE TEST NOTIFICATION FORM

<i>Permitted Facility Name:</i>		<i>Testing Company:</i>	
<i>Facility's Location Address:</i>		<i>Testing Company's Mailing Address:</i>	
<i>Contact Person:</i>		<i>Contact Person:</i>	
<i>Phone:</i>	<i>Fax:</i>	<i>Phone:</i>	<i>Fax:</i>
<i>Air Permit Number:</i>	<i>Emission Source Description and ID #:</i>		
<i>Permitted Maximum Process Rate:</i>	<i>Maximum Normal Operation Process Rate:</i>	<i>Target Process Rate for Testing:</i>	
1.1) <i>What is the specific purpose for the proposed testing?</i>			
1.2) <i>What are the proposed test dates? If testing is anticipated to last more than one day or if all test methods will not be conducted simultaneously, please <b>attach</b> detailed test schedule.</i>			
1.3) <i>Please provide a brief description of the source (including control equipment) and <b>attach</b> source or process flow diagram:</i>			
1.4) <i>Please provide a brief description of the sampling location, <b>attach</b> a schematic of the sampling location, and indicate whether concurrent testing will be conducted at other sampling locations:</i>			
1.5) <i>How will production/process data be documented during testing (control equipment, process parameters, etc.)?</i> <b>Facilities are required to submit this information in the final report.</b>			
1.6) <i>Please list all regulations in the Mecklenburg County Air Pollution Control Ordinance ("MCAPCO") that apply to the proposed testing.</i>			
1.7) <i>Will the test results be used for other regulatory purposes (e.g. emissions inventories, permit application, etc.) beyond that stated above, <input type="checkbox"/> Yes or <input type="checkbox"/> No? If yes, explain.</i>			
<i>Signatures: Representatives from the permitted facility <u>and</u> the contracted testing company <b>must provide signatures</b> below certifying that the information provided on this form and any attached information is accurate and complete.</i>			
<div style="text-align: right; margin-bottom: 10px;">_____/_____ Permitted Facility Representative      Date</div> <div>Name: Title:</div>		<div style="text-align: right; margin-bottom: 10px;">_____/_____ Testing Company Representative      Date</div> <div>Name: Title:</div>	
<b>Note: The final (test) report must include a thorough documentation of compliance demonstration that compares the test result values to all applicable regulations/standards and limits. If this is not included in the final test report MCAQ will deem the report as unacceptable.</b>			

2.1) Sampling Location: - Provide a separate page for each sampling location -						
Target Pollutant	Pollutant Reporting Units	Proposed Test Method	Number of Test Runs	Test Run Duration	# of Sampling Points	Comments
2.2) US EPA Audit Information:						
Sample Method	Sample Compound	Expected Inlet Sample Concentration	Expected Outlet Sample Concentration	Compound Reporting Units	Audit Container (e.g., filter)	Comments
Responsible Party Receiving Audit Sample (Contact, Address, & Phone #)						
Responsible Party for Return of Audit Sample to ERG (if applicable)						
2.3) <b>Is all testing to be conducted in strict accordance with the applicable test methods?</b> If answer is no, please <b>attach</b> complete documentation of all modifications and/or deviations to the applicable test methods.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4) <b>Sampling Location:</b> Does the proposed sampling location meet the minimum EPA Method 1 criteria for acceptable measurement sites? Please <b>attach</b> supporting documentation.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5) <b>Cyclonic Flow:</b> Has absence of cyclonic flow been verified as per EPA Method 1 (Section 2.4)? If answer is no, absence of cyclonic flow must be verified prior to testing. If answer is yes, please <b>attach</b> supporting documentation.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6) Do any of the proposed test methods require analysis of EPA audit samples? If answer is yes, please notify the MCAQ office at least <b>45 days</b> prior to testing to allow for audit sample preparation and shipment.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7) <b>Equipment Calibration:</b> Has all testing equipment been calibrated within the past year? If answer is no, please explain.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8a) <b>Gas Calibration:</b> Have all calibration gases been certified by EPA Protocol 1 procedure? Please <b>attach</b> a summary of expected calibration gas concentrations for all proposed instrumental test methods. (Answer only as applicable)						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8b) Is a dilution system (via EPA Method 205) proposed? (Answer only as applicable)						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.9) Will the oxygen concentration be determined by <input type="checkbox"/> EPA Method 3 via Orsat or <input type="checkbox"/> strict EPA Method 3A? (specify) If answer is No, see Question 2.3 above.						

### Attach Additional Comment Sheets As Necessary

Submit two (2) copies of the PTNF to:

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